

violence the nitrogenous substance which has made the patient sick with fever. Such cases may not only occur in armies, but in private life, either in Europe or North Carolina, and doubtless have many times been labelled typhoid or malarial fever and treated as such, and whether they lived or died no one was the wiser.

There is a case recorded in which the illustrious Frenchman Chomel made an egregious mistake. A young man was brought to him suffering from great prostration, muscular pain, spine-ache, etc., and he made the diagnosis typhoid fever or incipient small-pox. But a day later, with a little rest in bed, and the patient was better, and with another day added he was entirely well; and when the history had been obtained it was clear that the case was one of fatigue fever arising from proteid embarrassment resulting from the functional destruction of tissue occasioned by a long journey.

It is further observed that crowding a number of human beings or animals into small quarters and keeping them under depressing influences, particularly mental depression, is followed by a form of continued fever analogous to typhus. Thus the same occurrence has been noted both among men and animals, and gives rise to a continued fever which is neither typhoid nor malarial.

Moreover, the so-called gastric fever, styled bile fever or catarrhal by Neimeyer, again and again has been noted, and doubtless by many physicians of this State, when they were neither satisfied that its foundation was gastritis nor was it typhoid or malarial. But the patient lay sick of a fever, and there was probably an agent in the blood revolving about the heat-producing centres exciting increased molecular activity, raising the temperature and producing nausea and vomiting, etc., like an emetic acts when absorbed. Indeed this fever has been known to assume the form of an epidemic and exhibit a degree of mild infection, and perhaps it may be made to own up an origin by microscope or chemical analysis due to some form of bacterial life. Its cause is analogous to the one marked out by the paper of Dr. Royster.

The plasmodium of malaria as now known is not an unvarying factor. There are varieties of malaria and varieties of the plasmodia from which it arises, and the step-like ascent to sturdier growth and evolutionary propensities point, like the needle of a compass, to the existence of a continued fever as described in the paper which may be parallel in clinical history with typhoid or malarial fever and yet identical with neither. Further research is necessary to determine the differential distinctions, but examination of blood or urine, fæces or sputum, or sweat, etc., still has further lessons in store for us to clear up the matter of these irregular continued fevers about which many to-day are uncertain as to their identity with malaria or typhoid.

The existence of typho-malarial fever hypothetically may be admitted or denied and clinically the discussion may be continued indefinitely, but the